



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: RUSH MEMORIAL HOSPITAL

City of Hospital: Rushville

Year Begin: 01/01/2017 (mm/dd/yyyy format)

Year End: 12/31/2017 (mm/dd/yyyy format)

Person Completing the Report: Ashley Kinder

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Medicare Provider Number: 151304

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$6230154
Outpatient Patient Service Revenue	\$70977687
Total Gross Patient Service Revenue	\$77207841

2. Deductions From Revenue

Contractual Allowance	\$42403358
Other Deductions	\$366424
Total Deductions	\$42769782

3. Total Operating Revenue

Net Patient Service Revenue	\$34438059
Other Operating Revenue	\$1246616
Total Operating Revenue	\$35684675

4. Operating Expenses

Salaries and Wages	\$14273171	Employee Benefits	\$3042759
Depreciation and Amortization	\$1712923	Interest Expense	\$206705
Bad Debt	\$3307961	Other Expenses	\$13205043
Total Operating Expenses	\$35748562		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-63886	Total Assets	\$30372470
Net Non-operating Gains over Loss	\$1086972	Total Liabilities	\$16949465

Total Net Gains	\$1023086
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$35834188	\$22236230	\$13597958
Medicaid	\$14685902	\$11390347	\$3295555
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$26687751	\$9143205	\$17544546
Total	\$77207841	\$42769782	\$34438059

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$29165	\$-29165
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$0	
HCI Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$262,650		
Subtotal	\$262650	\$0	\$262650
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$262650	\$0	\$262650

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$7038	\$-7038
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

All information has been provided to the best of our abilities based on the information available to us. Some information, such as number of hospital patients educated and the expense associated with it, is not available.

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